Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935

Madison, WI 53708-8935

FAX #: (608) 261-7083 **Phone #:** (608) 266-2811 1400 E. Washington Avenue Madison, WI 53703

E-Mail: web@drl.state.wi.us Website: http://drl.wi.gov

ATHLETIC TRAINERS AFFILIATED CREDENTIALING BOARD

REQUEST FOR VERIFICATION OF CERTIFICATION

ATHLETIC TRAINER

APPLICANT: PLEASE COMPLETE THIS FORM AND ATTACH FEE.

Processing Fee: \$ 25.00

Make check payable to BOC and forward to:

BOC

4223 S 143rd CIR

OMAHA, NE 68137-4505

Phone: (402) 559-0091 FAX: (402) 561-0598

Website: www.bocatc.org

The **State of Wisconsin** requests a verification of certification of examination concerning the following individual:

NAME (please print)	BOC CERTIFICATION NUMBER (9 digits)
ADDRESS	SOCIAL SECURITY NUMBER
CITY, STATE AND ZIP	DATE OF BIRTH
NAME ON CERTIFICATION EXAMINATION RECORDS IF DIFFERENT FROM ABOVE	MONTH/YEAR OF CERTIFICATION
DAYTIME PHONE NUMBER	APPLICANTS SIGNATURE (DATE)

ATTENTION: BOC

PLEASE MAIL VERIFICATION OF CERTIFICATION TO THE FOLLOWING ADDRESS:

Department of Regulation & Licensing Athletic Trainers Affiliated Credentialing Board P.O. Box 8935 Madison, WI 53708-8935

#2497 (Rev. 8/06) Ch. 448, Stats.